



COUNTY OF SAN BERNARDINO
Environmental Health Services
DEPARTMENT OF PUBLIC HEALTH
www.sbcounty.gov/dph/dehs

APPLICATION FOR PLAN REVIEW

PHONE: (800) 442-2283

- ☐ 385 N. Arrowhead Ave. 2nd Floor, San Bernardino 92415-0160
☐ 15900 Smoke Tree St., Ste. 131, Hesperia 92345
☐ 8575 Haven Ave., Ste. 130, Rancho Cucamonga 91730

TO BE COMPLETED BY APPLICANT - PLEASE PRINT				
FACILITY INFORMATION				
Facility Name:		Date:	Phone:	
Facility Address:		City:	State:	Zip:
Former Facility Name (If applicable):				
OWNER INFORMATION				
Facility Owner:			Phone:	
Facility Owner Mailing Address:		City:	State:	Zip:
Email(s):				
CONTACT INFORMATION				
Contact Person:			Phone:	
Contact Mailing Address:		City:	State:	Zip:
Email(s):				
PROJECT INFORMATION				
Food Facility	<input type="checkbox"/> New Facility <input type="checkbox"/> Existing Food Facility Remodel			
	<input type="checkbox"/> Retail <input type="checkbox"/> Mobile Food <input type="checkbox"/> Wholesale – Distributor <input type="checkbox"/> Wholesale - Processor			
	Square Footage: _____ ft ² Seating Capacity: _____ Max Number of Employees Per Shift: _____			
Recreational Health	<input type="checkbox"/> New Construction <input type="checkbox"/> Existing Facility Remodel			
	<input type="checkbox"/> Pool <input type="checkbox"/> Spa <input type="checkbox"/> Wading Pool <input type="checkbox"/> Special Purpose			
	<input type="checkbox"/> Spray Grounds <input type="checkbox"/> Interactive Water Feature <input type="checkbox"/> Water Park <input type="checkbox"/> Other			
SCOPE OF WORK				
Describe nature of work:				

For Office Use Only For Office Use Only For Office Use Only For Office Use Only For Office Use Only For Office Use Only For Office Use Only	
<input type="checkbox"/> Entered	SR: